U,S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U. 22072	2. Fiscal Year Covered From.
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Eugene J McLaughlin, Jr.	Name Int'l Brotherhood of Elec Workers Local #456
	Labor Organization File Number 001-110
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1295 Livingston Avenue	Street 1295 Livingston Avenue
City North Brunswick	City North Brunswick
State New Jersey ZIP Ccde + 4 08902	State New Jersey ZIP Code + 4 08902
5. Position in labor organization. Executive Board Member	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transa monetary value from an employer who	ctions (including loans) wi se employees your orga	th, or derived income or other economic benefit of nization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street		
		7.b. Amount.
City		
State	ZIP Code + 4	

Signature

15. Signature and venification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

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132-572-387

Telephone Numb

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organ zation represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Electricians' Annuity Fund IBEW Local 456 a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10, If 9.b. or 9.c. is checked give trust or employer's name. Name Electricians' Annuity Fund IBEW Local 456 Trade Name, if any. P.O. Box, Bidg., Room No, if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road 11.b. Approximate dollar value of such dealing. West Trenton 12.a. Nature of interest held or income received. Payment for lunches at trustees meetings. ZIP Ccde + 4 08628-0230 State New Jersey 12.b. Amount. \$39

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment

Name of Person Filing Eugene McLaughlin, ${\rm Jr.}$

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name I.B.E.W. Local 456 Health & Welfare Fund Trade Name, if any. P.O. Box, Bidg., Room No., if any Street City State ZiP Oxde+4 10. If 9.b or 9.c is checked give trust or employers name. Name I.B.E.W. Local 456 Health & Walfare Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road City West Trenton State New Jersey ZiP Cxe+4 08628-0230 11.b. Approximate dollar value of such dealing. 12.b. Amount: \$39		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Streel City State ZIP Crde + 4 10. If 9.b. or 9.c. is checked give trust or employers name. Name I.B.E.W. Local 456 Health & Walfare Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road City West Trenton State New Jersey ZIP Cxxx + 4 08628-0230 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Payment for lunches at trustees meetings.	8. Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any: P.O. Box, Bidg., Room No., if any Stree! City State ZIP Cxde + 4 10. If 9 o or 9 c. is checked give trust or employers name. Name I.B.E.W. Local 456 Health's Walfare Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road City west Trenton State New Jersey ZIP Cxce + 4 08628-0230 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Payment for lunches at trustees meetings.	Name I.B.E.W. Local 456 Health & Welfare Fund	a. Labor Organization
State ZIP Code + 4 10. If 9.0 or 9.c. is checked give trust or employer s name. Name I.B.E.W. Local 456 Health & Walfare Fund Trade Name, if any: PO Box, Bidg., Room No., if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road City West Trenton State New Jersey ZIP Code + 4 08628-0230 11.b. Approximate dollar value of such dealing. 12.a. Nature of nuches at trustees meetings.	P.O Box, Bidg., Room No , if any	
10. If 9.b or 9.c is checked give trust or employer's name. Name I.B.E.W. Local 456 Health & Walfare Fund Trade Name, if any: PO Box, Bidg., Room No., if any c/o I.E. shaffer & Co. Street 830 Bear Tavern Road City West Trenton State New Jersey ZIP Coce + 4 08628-0230 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of such dealing.	·	
12.b. Amount. \$39	10. If 9.b or 9.c. is checked give trust or employers name. Name I.B.E.W. Local 456 Health & Walfare Fund Trade Name, if any: PO Box, Bldg., Room No., if any c/o I.E. Shaffer & Co. Street 830 Bear Tavern Road City West Trenton	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
		12.b. Amount. \$39

Name of Person Filing Eugene McLaughlin, Jr.

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or easing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

	12.b. Amount. \$39
	12.a. Nature of interest held or income received. Payment for lunches at trustees meetings.
State New Jersey ZIP Coce + 4 08628-0230	11.b. Approximate dollar value of such dealing.
City West Trenton	
Street 830 Bear Tavern Road	
PO Box, Bldg., Room No , if any C/O I.E. Shaffer & Co.	
Trade Name, if any:	
Name Local Union 456 IBEW Pensior Fund	
10. If 9.b. or 9.c. is checked give trust or employers name.	11.a. Nature of such dealing.
State ZIP Ccde + 4	
City	
Street	c. Employer
P.Q. Box, Bldg., Room No., if any	× b. Trust
Trade Name, if any:	a. Labor Organization
Name Local Union 456 IBEW Pension Fund	
Name and address of Business (including trade name, if any).	9. Business deals with.